



Republic Services

18500 N. Allied Way, Phoenix, AZ 85054

SPECIAL WASTE DEPARTMENT DECISION

Waste Profile #
4718147940

Expiration Date
3/23/2023

I. Decision Request:

☐ Initial ☒ Recertification ☐ Change

Disposal Facility: 4718 - Newton Co. L/F

Generator Name: ArcelorMittal Indiana Harbor, LLC

Generator Site Address: 3001 Dickey Rd.

City: East Chicago

County:

State: IN

Zip:

Name of Waste: Plant Trash

Estimated Annual Volume: 25,000 Tons

II. Special Waste Department Decision:

☒ Approved ☐ Rejected

Management Method(s): ☒ Landfill ☐ Solidification ☐ Bioremediation ☐ Deep Well ☐ Transfer Facility

Problematic Special Waste according to Republic? ☐ Yes ☒ No

If yes, which one?

Approved by Special Waste Review Committee? ☐ Yes ☐ No ☒ Not Applicable

Precautions, Conditions or Limitations on Approval

Special Waste Analyst Signature: _____

Date: 1/27/2020

Name (Printed): KEITH DIAMANTI

III. Facility Decision:

☐ Approved ☐ Rejected

Precautions, Conditions or Limitations on Approval

By signing below, the General Manager or Designee agrees that a fully executed Special Waste Service Agreement is on file for this profile and that the special waste file is complete.

General Manager or Designee: _____

Date: 1/27/2020

Name (Printed): _____

Special Waste Profile - Recertification



Disposal Facility: 4718 Newton County Landfill IN

Waste Profile #: 4718147940

Sales Rep #:

I. Generator Information

Generator Name: ArcelorMittal Indiana Harbor LLC

Generator Site Address: 3001 Dickey Road

City: East Chicago

County: Lake

State: Indiana

Zip: 46312

State ID/Reg No:

State Approval/Waste Code:

NAICS:

Generator Mailing Address ☐ (if different)

City:

County:

State: Select State--

Zip:

Generator Contact Name: Mariya Trenkinshu

Email: mariya.trenkinshu@arcelormittal.com

Phone Number: 219-399-5473

Ext:

Fax Number: 219-399-3211

II. Waste Stream Information

Name of Waste: Plant Trash

Check Section 1 or 2 below

1. ☐ **There has been a change** in the characteristics of the waste stream due to the following:
- a. Change of a raw material used in the waste generating process.
 - b. Change in the waste generating process itself.
 - c. Change in a physical characteristic of the waste.
 - d. New information has been documented concerning the human health effects of exposure to the waste.

If any of these changes have occurred, a new profile sheet must be completed, and new analysis and/or SDS must be provided as appropriate.

2. ☒ **There have been no changes** that would alter the physical characteristics of the special waste stream.
Updated analytical may be required.

III. Representative Sample Certification

☒ **No Sample Taken**

☐ **Sample Taken** Type of Sample --Select Sample Type--

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent? ☐ Yes ☐ No

Sample
Date:

Sample ID
Numbers:

Special Waste Profile - Recertification



IV. Certification


I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I understand that attaching an electronic signature, I am signing this document, consent to complete this transaction and receive all related communication electronically, and agree this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original."

If electronic signature is preferred, please submit completed (unsigned) form to your Special Waste Coordinator or Special Waste Sales Executive to initiate signature process.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services.

Mariya Trenkinshu	Environmental Compliance	ArcelorMittal Indiana Harbor LLC
Authorized Representative Name (Printed)	Title (Printed)	Company Name
		1/17/2020
Authorized Representative Signature		Date

Date: _____

Time: _____

SPECIAL WASTE INSPECTION SHEET☐ Initial ☐ Random ☐ Suspicious ☒ RecertificationDisposal Facility: Newton County Landfill Waste Profile # 4718147940Generator Name: ArcelorMittal Indiana Harbor, LLCName of Waste: Plant Trash

Transporter Name: _____

Transporter Phone Number: _____

Driver Name: _____

Vehicle License Plate Number and State: _____

Physical ScreeningINDICATE **YES** OR **NO** FOR EACH OF THE FOLLOWING TESTS AND NOTE ANY DISCREPANCIES. DO THE CHARACTERISTICS OF THE WASTE MATCH THE PROVIDED INFORMATION ON THE SPECIAL WASTE PROFILE?

<u>Characteristics</u>	<u>Profile</u>	<u>Yes</u>	<u>No</u>	<u>Comments and/or Observations:</u>
Color	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Odor	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical State	<u>Solid</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Free Liquids	<u>No</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is a Photograph Attached? ☐☐

Initial Load Must Include Photograph

IF WASTE FAILS ONE OR MORE OF THE PHYSICAL SCREENING TESTS, THE WASTE IS DEEMED UNACCEPTABLE FOR DISPOSAL AND SHOULD BE REJECTED.

Waste Accepted

Inspector Signature _____

Date _____

Waste Rejected (If Rejected then a Photograph MUST be attached.)**Reasons for Rejection**

- ☐
- Extraneous and/or Unauthorized Material
-
- ☐
- Suspected PCB Waste

- ☐
- Suspected Hazardous Waste
-
- ☐
- Free Liquids

- ☐
- Suspected PCB Waste
-
- ☐
- Does Not Match Profile

Comments

Inspector Signature _____

Date _____

General Manager or Designee _____

Date _____